

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS841S	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/27/2010
NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF LAS VEGAS		STREET ADDRESS, CITY, STATE, ZIP CODE 6151 VEGAS DRIVE LAS VEGAS, NV 89108		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Z 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of complaint investigation conducted in your facility on 4/26/10 and finalized on 4/27/10, in accordance with Nevada Administrative Code, Chapter 449, Facilities for Skilled Nursing.</p> <p>Complaint #NV00024418 was substantiated with deficiencies cited. (See Tags Z112, Z121, and Z130)</p> <p>A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included.</p> <p>Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p>	Z 000		
Z112 SS=D	<p>NAC 449.74439 Comprehensive Plan of Care</p> <p>3. A comprehensive plan of care must be:</p> <p>a) Developed within 7 days after the completion of the initial comprehensive assessment required by NAC 449.74433 and periodically reviewed and revised after each subsequent assessment; and</p> <p>b) Prepared by an interdisciplinary team that includes the patient's attending physician, a registered nurse who is responsible for the care of the patient and such other members of the</p>	Z112		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS841S	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/27/2010
NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF LAS VEGAS		STREET ADDRESS, CITY, STATE, ZIP CODE 6151 VEGAS DRIVE LAS VEGAS, NV 89108		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Z112	Continued From page 1 staff of the facility as are appropriate to provide services in accordance with the needs of the patient. To the extent practicable, the patient, his legal representative and members of his family must be allowed to participate in the development of the plan of care. This Regulation is not met as evidenced by: Based on record review and interview the facility failed to ensure the care plan was updated and revised to meet the changing hygiene needs since origination on 7/10/09 for Resident #1. Resident #1 was not able to wash and dry underneath his abdominal folds and developed body odors. Severity: 2 Scope: 1	Z112		
Z121 SS=D	NAC 449.74441 Maintenance 2. A medical record must be: a) Complete; b) Accurate; c) Organized; and d) Readily accessible to those persons who are authorized to review the records This Regulation is not met as evidenced by: Based on record review and interview the facility failed to ensure the medical record was organized and complete in order to determine the care and services provided to Resident #1. Severity: 1 Scope: 1	Z121		
Z230 SS=D	NAC 449.74469 Standards of Care A facility for skilled nursing shall provide to each patient in the facility the services and treatment	Z230		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS841S	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/27/2010
NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF LAS VEGAS			STREET ADDRESS, CITY, STATE, ZIP CODE 6151 VEGAS DRIVE LAS VEGAS, NV 89108		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
Z230	<p>Continued From page 2</p> <p>that are necessary to attain and maintain the patient's highest practicable physical, mental and psychosocial well-being, in accordance with the comprehensive assessment conducted pursuant to NAC 449.74433 and the plan of care developed pursuant to NAC 449.74439.</p> <p>This Regulation is not met as evidenced by: Based on record review and interview the facility failed to reassess and provide additional hygiene interventions to prevent body odors for Resident #1. The care plan dated 7/10/09 addressed Resident #1's odor. The care plan was reviewed on 10/8/09 and 1/8/10, but not changed. The odor continued because the resident was unable to reach the area under his abdomen to adequately keep the area clean and dry.</p> <p>Severity: 2 Scope: 1</p>	Z230			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.